



Town of Buena Vista

P.O. Box 2002

Buena Vista CO 81211

Phone: (719)395-8643

Fax: (719)395-8644

TOWN OF BUENA VISTA DEVELOPMENT PERMIT APPLICATION

Owner Name: _____

Mailing Address: _____

Contact Name: Phone Number: _____

Project Address: _____ Buena Vista, Colorado

Document Check List: See Chaffee County Building Permit Application for Additional Requirements

☐ Site Plan* ☐ Elevations** ☐ Warranty Deed

*Site plan should show location of all structures with dimensions from all property lines.

** Elevations should indicate building height from original grade or the elevation of the front sidewalk, whichever is lower.

Building Type: Check all that apply

☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Addition ☐ Remodel

☐ Detached Garage ☐ Accessory Structure ☐ Accessory Dwelling Unit*

☐ Deck/Patio ☐ Fence ☐ Shed ☐ Deck ☐ Other structure_____

Floodplain (Elevation Certificate) ☐ Yes ☐ NA

If property is located in a 100-Year Floodplain an Elevation Certificate is required

***Water/Sewer Tap Fees Paid:** ☐ NA

Please contact the Water Utilities Billing at (719) 395-8643 ext. 11

Signed:_____ Date:_____

***Access Permit** ☐ NA

Please contact Public Works at (719) 539-6898

Signed:_____ Date:_____

***Water Tap Fee must be paid and Access Permit approved prior to Building Permit submittal**

Dimensional Compliance: (Please refer to the end of this form for zoning district requirements)

TOWN OF BUENA VISTA BUILDING PERMIT APPLICATION

Zone District: _____ Overlay District: _____ Front Setback: _____

Rear Setback: _____ Side Setbacks: _____ Building Height: _____

Number of Dwelling Units: _____ Lot Size (sq.ft.): _____

Total Sq. Ft. of Footprint of All Structures _____

Lot Coverage for all Structures (sq.ft. / Lot Size (sq.ft.) X 100 = _____ %

Use Compliance:

Former Use: _____

Exact Description of Proposed Use: (If sales is involved, state product, state nature of service, if any.)

Proposed Starting Date: _____

Use will be operated in a completely enclosed structure. ☐ Yes ☐ No

Gross Floor Area Occupied by EACH Use(s):

Home Occupation? _____ Yes _____ No

Are signs planned for the property? _____ Yes _____ No

If Yes, a separate sign permit will be necessary.

Off street parking spaces Proposed _____ Existing _____ Required _____

Corner Lot _____ Interior Lot _____ (Please check one)

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge

Signature of applicant/agent _____ Date _____

TOWN OF BUENA VISTA BUILDING PERMIT APPLICATION

Signature of property owner _____ Date _____

OFFICE USE ONLY:

Permit Fee: _____ Tree Fee: _____ Curb/Gutter/Sidewalk Fee: _____

Water Tap Fees _____ School Fee: _____

Date Submitted: _____ Received By: _____

Approved/Denied/Conditionally Approved (circle one) by _____

Conditions/Comments:
